

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05950

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH - COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Fredrick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Fredrick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Libertytown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fredrick Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Virginia</u> (Middle) <u>a</u> (Last) <u>Baughes</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>27</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> (Specify) <u>single</u>	8. DATE OF BIRTH <u>7/7/44</u>
9. AGE last birthday <u>7</u> yrs.		10. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School child</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>John C. Baughes</u>		14. MOTHER'S MAIDEN NAME <u>Margaret V Fritz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>John C. Baughes Libertytown Md</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary oedema</u>			<u>24 hrs</u>
Antecedent cause(s) (b) <u>acute appendicitis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Gen Peritonitis</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>June 4</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gen Peritonitis</u>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 4, 1951</u> , to <u>June 27 1951</u> , that I last saw the deceased alive on <u>June 27, 1951</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>S. P. Thomas</u>		ADDRESS <u>Libertytown, Md.</u> DATE SIGNED <u>June 28 1951</u>	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF <u>6/30/51</u>	
NAME OF CEMETERY OR CREMATORY <u>Thurmount Cem.</u>		LOCATION (City, town, or county) <u>Libertytown, Md.</u>	
DATE REC'D BY LOCAL REG <u>Jun 29/51</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	
24. FUNERAL DIRECTOR <u>Harold H. Hartzler</u>		ADDRESS <u>Libertytown & Woodshores, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

2

2

RECEIVED
JUL 5 1951
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05951

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY- (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>16 minutes</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>				STREET ADDRESS (If rural, give location) <u>219 West Patrick St.</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Dorothy Baby girl Bowman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 29-51</u>	9. AGE last birthday <u>15</u> yrs.	If under 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Frederick Co.</u>	
13. FATHER'S NAME <u>Muriel Jack Bowman</u>		14. MOTHER'S MAIDEN NAME <u>Edith Lovelace</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <u>Mr. Muriel Bowman, 219 W. Patrick St. Frederick, Md.</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Hydrops of new born</u>					
Antecedent cause(s) (b) <u>Toxemia of mother</u>				7 days +	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>161c</u>					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 29, 1951, to June 29, 1951, that I last saw the deceased alive on June 29, 1951, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Interment</u>		DATE <u>June 30, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Monterey Cem.</u>		LOCATION (City, town, or county) (State) <u>Frederick Co. Md.</u>	
DATE REC'D BY LOCAL REG. <u>30 June 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Head</u>		24. FUNERAL DIRECTOR <u>H. M. Wachter, Supt.</u>		ADDRESS <u>Monterey, Frederick Co. Md.</u>	

208291273244

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05952

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Rural-Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) Route 2	
3. NAME OF DECEASED (Type or Print)	(First) Della (Middle) S. (Last) Bradley	4. DATE OF DEATH	(Month) 6 (Day) 4 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3-18-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Joseph Eckenrode		14. MOTHER'S MAIDEN NAME Irenada Horner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No	
17. INFORMANT AND ADDRESS Frederick Mrs. W. Harry Goodsell-Route 2- Maryland		12. CITIZEN OF WHAT COUNTRY? USA	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cardiac decompensation, acute

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension

(c) Chronic nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes mellitus, arteriosclerosis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

6 hours

15 years

20 years

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug. 1950, to June 4, 1951, that I last saw the deceased alive on June 4, 1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 6-7-1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick- Maryland
DATE REC'D BY LOCAL REG. 6 June 1951	REGISTRAR'S SIGNATURE Elizabeth S. Hech	24. FUNERAL DIRECTOR C.E. Cline and Son-	ADDRESS Frederick- Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED
JUN 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05953

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md COUNTY Fred	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN rural Libertytown		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Libertytown rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Libertytown		STREET ADDRESS Libertytown	
3. NAME OF DECEASED (Type or Print)	(First) Benjamin	(Middle) Raymond	(Last) Brown
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 7, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE last birthday 64 63 yrs.
11. BIRTHPLACE (State or foreign country) Libertytown Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Richard E. Brown		14. MOTHER'S MAIDEN NAME Julia Jenkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I		16. SOCIAL SECURITY No. 217-12-2903	
17. INFORMANT AND ADDRESS Richard E. Brown Libertytown, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause 420/ Coronary occlusion		Immediate
(b) Antecedent cause(s) 940- Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, or office bldg., etc.) Libertytown, Md.	CITY OR TOWN (COUNTY) (STATE) Libertytown, Frederick, Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE DR. R. J. BARR		DATE SIGNED 6-9-51	
DEPUTY MEDICAL EXAMINER			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF June 9, 1951	NAME OF CEMETERY OR CREMATORY John Wesley	LOCATION (City, town, or county) (State) Libertytown Md.
DATE REC'D BY LOCAL REG. 9 June 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heck	24. FUNERAL DIRECTOR Charles E. Hicks III Frederick, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 14 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05954

Reg. Dist. No. 138

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Montgomery</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural (Gammels)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rockville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Riggs Cottage Sanitarium</u>		STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print) <u>Mary Lucy Campbell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/2/1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>82</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>Nicholas Offutt</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No.	
17. INFORMANT		14. MOTHER'S MAIDEN NAME <u>Mamie Anderson</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>			
Antecedent cause(s) (b) <u>Cerebral Arteriosclerosis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Sanitation, Nephric Ulcers.</u>		15 yrs (?)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 13, 1940, to June 28, 1951, that I last saw the deceased alive on June 28, 1951, and that death occurred at 3:25 P m., from the causes and on the date stated above.

SIGNATURE Josiah W. McAdams, M.D. ADDRESS Riggs Cottage Sanitarium, Gaithersburg DATE SIGNED 6-28-51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE June 26 1951 NAME OF CEMETERY OR CREMATORY Rockville Union Cemetery LOCATION (City, town, or county) Rockville (State) MD

DATE REC'D BY LOCAL REG. 6-28-51 REGISTRAR'S SIGNATURE Lucian T. Falconer 24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1951
BIRMINGHAM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05955
Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Doubs	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 North Market Street		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) MAGGIE	(Middle) VIRGINIA	(Last) CAREY
4. DATE OF DEATH	(Month) 6	(Day) 23	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 17 Dec 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 84 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John P. Hickman		14. MOTHER'S MAIDEN NAME Christiana Sophia Compher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS James F. Carey, 708 N. Market St., Frederick, Md.			

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Sepsis	6 weeks
Antecedent cause(s) (b) Distal myelitis of ankle	years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Infected tissue around ankle & foot	8 weeks
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 6**, 19**51**, to **June 23** 19**51**, that I last saw the deceased alive on **June 22**, 19**51**, and that death occurred at **4:55 A.** m., from the causes and on the date stated above.

SIGNATURE **[Signature]** M. D. **Frederick, Maryland** DATE SIGNED **25 June 1951**

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 26 June 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 25 June 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
JUN 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05956

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick - Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural - Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) Route 1	
3. NAME OF DECEASED (First) (Middle) (Last) ANDREW COLE		4. DATE OF DEATH (Month) (Day) (Year) June 26 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH October 5, 1876
9. AGE last birthday 74 yrs.		10. If under 1 year 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joshua Cole		14. MOTHER'S MAIDEN NAME Christina Day	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No		16. SOCIAL SECURITY No. 219-07-9197	
17. INFORMANT AND ADDRESS Mrs. Andrew Cole, R.F.D.1, Frederick, Md.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 Days	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Urgemia			
Antecedent cause(s) (b) Hypertension, Heart Disease, Chronic Nephritis			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1948 , to June 26, 1951 , that I last saw the deceased alive on June 26, 1951 , and that death occurred at 2:00 P.m. , from the causes and on the date stated above.			
SIGNATURE A. J. [Signature]		DATE SIGNED Frederick Md	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE June 28, 1951	
NAME OF CEMETERY OR CREMATORY Mount Carmel Cemetery		LOCATION (City, town, or county) (State) East of Frederick, Maryland	
DATE REC'D BY LOCAL REG. 27 June 1951		REGISTRAR'S SIGNATURE Elizabeth Y. Heck	
24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

820105

RECEIVED
JUN 28 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05957

Reg. Dist. No. 134

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Emmitsburg-Rural		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Thurmont-Rural RD#2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Emmitsburg		STREET ADDRESS (If rural give location) Near Thurmont	
3. NAME OF DECEASED (Type or Print) JOSEPH WILLIAM COOPER		4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 11 April 1935
9. AGE last birthday 16 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Public School	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John C. Cooper		14. MOTHER'S MAIDEN NAME Pina Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT Andrew Cooper			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Penetrating wound of heart			Instant
Antecedent cause(s) (b) Fract. tibia + fibula left; fracture mandible			Instant
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>		PLACE (Home, farm, factory, street, office, etc.) OF INJURY U.S. #15	
TIME (Month) (Day) (Year) (Hour) OF INJURY 6/3/51 2:45 p.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
CITY OR TOWN Near Emmitsburg		(COUNTY) Frederick (STATE) Md.	
HOW DID INJURY OCCUR? Automobile accident			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE Charles H. Corley, Jr. M.D.		ADDRESS Frederick, Md.	
DATE SIGNED 6/3/51			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 6 June 1951	
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		LOCATION (City, town, or county) (State) Creagerstown, Maryland	
DATE REC'D BY LOCAL REG. 4 June 1951		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 7 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05958

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		LENGTH OF STAY (in this place) Lifetime	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		TOWN Ijamsville STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) FRANCIS	(Last) CRAMER
4. DATE OF DEATH	(Month) June	(Day) 29	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, IMPORCED (Specify) Widowed	8. DATE OF BIRTH March 25, 1872
9. AGE last birthday 79 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ethan Alan Cramer		14. MOTHER'S MAIDEN NAME Susan Steiner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. Frank F. McKenzie, Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Acute leukemia**

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **23 June, 1951**, to **29 June, 1951**, that I last saw the deceased alive on **28 June, 1951**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial	DATE THEREOF July 2, 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 30 June 1951	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290679

RECEIVED

JUL 1 1951.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05959

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Pennsylvania COUNTY Allegheny	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Wilkinsburg	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Francis Scott Key Hotel		STREET ADDRESS (If rural, give location) 1117 Swissvale Avenue	
3. NAME OF DECEASED (First) JOHN	(Middle) A.	(Last) CURTIS, SR.	4. DATE OF DEATH (Month) 6 (Day) 21 (Year) 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 27 April 1904
9. AGE last birthday 47 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Building Construction	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Truman Curtis		14. MOTHER'S MAIDEN NAME Mary M. Wagner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY No. 174-07-7896	
17. INFORMANT AND ADDRESS 1117 Swissvale Ave., Mrs. J. A. Curtis, Sr., Wilkinsburg, Pa.			

18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) coronary occlusion			
Antecedent cause(s) (b) 420.1			
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 94a			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office, etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) (Minute) DEATH 6-21-51 10P.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE R. W. Barr		DATE SIGNED 22 June 1951	
Deputy Medical Examiner, Frederick, Md.			
23. REMOVAL, CREMATION, OR BURIAL (Specify) Removal		DATE THEREOF 23 June 1951	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Wilkinsburg, Pennsylvania			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Elizabeth L. Hecla		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

583 246

RECEIVED
JUN 25 1951
BUREAU W.S.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05960

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>West Virginia</u> COUNTY _____	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural (Diamerille)</u> LENGTH OF STAY (In this place) <u>5 mo</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Martinsburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Riggs Cottage Sanitarium, Diamerille, Md.</u>		STREET ADDRESS (If rural, give location) <u>W. King St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Edythe</u> (First) <u>de Grange</u> (Middle) (Last)		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>18</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 31, 1883</u>
9. AGE last birthday <u>67</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>George W. de Grange</u>		14. MOTHER'S MARDEN NAME <u>Sarah E. Wolfe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No.	
17. INFORMANT		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>7 mo.</u>
Immediate cause <u>350X Antecedent cause(s)</u>	(a) <u>Paralysis Agitans</u>	
(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

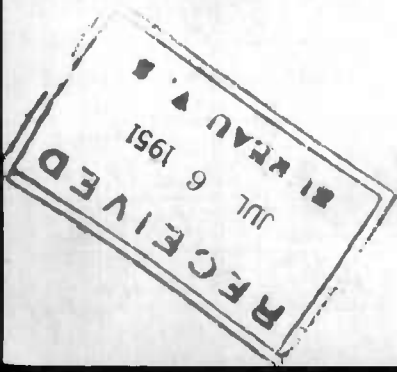
22. I hereby certify that I attended the deceased from Jan. 11, 1957, to June 15, 1957, that I last saw the deceased alive on June 18, 1957, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE Howard W. McChesney, M.D. (Degree or title) ADDRESS Diamerille, Md. DATE SIGNED June 18, 1957

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE <u>June 21-57</u>	NAME OF CEMETERY OR CREMATORY <u>Green Hill</u>	LOCATION (City, town, county) (State) <u>Martinsburg W. Va.</u>
DATE REC'D BY LOCAL REG. <u>June 18-57</u>	REGISTRAR'S SIGNATURE <u>Dee Ann H. F. Johnson</u>	24. FUNERAL DIRECTOR <u>Kogelschatz and Coffman</u>	ADDRESS <u>Martinsburg, W. Va.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05961

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 9-14-49 to 6-11-51		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Grantsville - Route # 2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Marie (First) (Middle) (Last) Durst		4. DATE OF DEATH (Month) June (Day) 11 (Year) 19 51	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Mar. 17, 1926
9. AGE last birthday 25 yrs.		10. If under 1 year: Months 1 Days 11 Hours 51 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Floyd H. Durst		14. MOTHER'S MAIDEN NAME Edna Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY No. 216-24-2662	
17. INFORMANT Patient			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Pulmonary Tuberculosis	About 2½ yrs	
Antecedent cause(s) (b) 136		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 14 1949**, to **June 11, 1951**, that I last saw the deceased alive on **June 11 1951** and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

SIGNATURE **J. B. Lyon, M.D.** (Degree of title) ADDRESS **State Sanatorium, Md.** DATE SIGNED **6-13-51**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 6-14-51	NAME OF CEMETERY OR CREMATORY Grantsville Cem.	LOCATION (City, town, or county) Grantsville, Md.	(State)
DATE REC'D BY LOCAL REG. 6-11-51	REGISTERING SIGNATURE J. B. Lyon	24. FUNERAL DIRECTOR William Winterberg, Grantsville Md.		ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

490669

RECEIVED
JUN 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05962

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Ijamsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) LINDA GALE ENGLAND		4. DATE OF DEATH (Month) 6 (Day) 20 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 19 April 1951
9. AGE last birthday 2 yrs.		10. If under 1 year: Months 2 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edwin H. England, Jr.		14. MOTHER'S MAIDEN NAME Helen L. Gladhill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No.	
(If yes, give war or dates of service)		None	
17. INFORMANT AND ADDRESS Edwin H. England, Jr., Ijamsville, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Diarrhea, undetermined origin

4 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 19 April, 1951, to 20 June, 1951, that I last saw the deceased alive on 20 June, 1951, and that death occurred at 3:53 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION (Specify) Burial	DATE THEREOF 22 June 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 21 June 1951	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		

20-1191 231404

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 25 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05963

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u> TOWN <u>41 yrs.</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>504 Brunswick St</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u> TOWN <u>504 Brunswick St</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>LEBBY Whitman Erb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-11-1872</u>
9. AGE last birthday <u>78</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Brickman</u>	
11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Frederick Erb</u>		14. MOTHER'S MAIDEN NAME <u>Catherine ?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>705-09-7692</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Blanch Erb, Brunswick Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Cancer - stomach

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

3 months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-23-1951, to 6-23-1951, that I last saw the deceased alive on 6-23-1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>6-26-51</u>		<u>East Hanover Cemetery Co.</u>		<u>Hanoverburg Pa.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		14. FUNERAL DIRECTOR		ADDRESS	
<u>June 23-51</u>		<u>Kathryn H. Brown</u>		<u>C. H. Fette and Bro.</u>		<u>Brunswick Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

624506

RECEIVED

JUN 27 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY --	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 4-9-51 to 6-14-51		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore 24	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium		STREET ADDRESS (If rural, give location) 419 Elrino Street	
3. NAME OF DECEASED (Type or Print) Bernard Fortman		4. DATE OF DEATH (Month) June 14 (Day) 19 51 (Year)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 4, 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME George Fortman		14. MOTHER'S MAIDEN NAME Lillian Mack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service) No		16. SOCIAL SECURITY No. 213-10-7106	
17. INFORMANT Patient			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Pulmonary Tuberculosis				About 18 mos.	
Antecedent cause(s) (b) 13b					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 9, 1951**, to **June 14, 1951**, that I last saw the deceased alive on **June 14, 1951**, and that death occurred at **1:55 a.m.**, from the causes and on the date stated above.

SIGNATURE **J. P. Lyon, M.D.** ADDRESS **State Sanatorium, Md.** DATE SIGNED **6-15-51**

23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		6-19-51		Oaklawn Cemetery		Baltimore, Maryland	
DATE REC'D BY LOCAL REG. 6-14-51		REGISTERING SIGNATURE J. P. Lyon		24. FUNERAL DIRECTOR		ADDRESS	
				M. L. Creager & Son, Thurmont, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05965

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 223 West Fifth Street		STREET ADDRESS (If rural, give location) 223 West Fifth Street	
3. NAME OF DECEASED (Type or Print)	(First) CURTIS	(Middle) LYCURGUS	(Last) FRIERSON, JR.
4. DATE OF DEATH	(Month) 6	(Day) 23	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify) Single	8. DATE OF BIRTH 30 Sept 1950
9. AGE last birthday 8 yrs.		If under 1 year 8 Months	If under 24 hrs 23 Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Curtis Lycurgus Frierson, Sr.		14. MOTHER'S MAIDEN NAME Margaret Seymour	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS 223 W. 5th St., Curtis L. Frierson, Sr., Frederick, Md.			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) asphyxiation			5 min
Antecedent cause(s) (b) Strangulation			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) Home	
TIME (Month) (Day) (Year) (Hour) OF INJURY 6-23-51 1:30 P.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR? Concussion head between side of cranium & mother's	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE P. W. Baer		ADDRESS Deputy Medical Examiner, Frederick, Md.	
DATE SIGNED 23 June 1951			
23. BURIAL, CREMATION, REMOVAL (Specify) Removal		DATE THEREOF 24 June 1951	
NAME OF CEMETERY OR CREMATORY Atlanta, Georgia		LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT5A

T

208300312406

RECEIVED
JUN 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05966

Reg. Dist. No. 147

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Mt. Airy</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Mt. Airy</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Rt 4 - near Harrisville</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Alice</u> (Middle) <u>Irene</u> (Last) <u>Fritz</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>19</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 12, 1882</u>
9. AGE last birthday <u>68</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Ross Naill</u>		14. MOTHER'S MAIDEN NAME <u>MARY Peavers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
(If year, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Daughter - Mrs. Norman Runkles</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) <u>Arteriosclerotic Heart Disease</u>	<u>7 years</u>
Antecedent cause(s)	(b) <u>420.0</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) <u>93d</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
<u>Arteriosclerosis, Generalized</u>		<u>unknown</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE	INJURY	
HOMICIDE		
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY		

22. I hereby certify that I attended the deceased from February 1951, to June 19, 1951, that I last saw the deceased alive on June 18, 1951, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE W.B. Culwell M.D. ADDRESS Mt. Airy Md. DATE SIGNED June 19, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>6-22-1951</u>	<u>LOCUST GROVE</u>	<u>Frederick Co. Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>JUNE 20, 1951</u>	<u>Blair A. Runkles</u>	<u>G.M. Waite</u>	<u>Winfield Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 22 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05967

Reg. Dist. No. 141

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Brunswick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>12 N. Virginia Ave.</u>		STREET ADDRESS (If rural, give location) <u>12 N. Virginia Ave.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ralph</u>	(Middle) <u>Henry</u>	(Last) <u>Grams</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-9-1899</u>
9. AGE last birthday <u>52</u> yrs.		4. DATE OF DEATH <u>6-8-1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Callu men's work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B.O.D.R.</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Frank Grams</u>		14. MOTHER'S MAIDEN NAME <u>Alta Montgomery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Louise Ruth Grams</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause
 Antecedent cause(s)
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

minutes

11. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing in the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

None

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY None

TIME (Month) (Day) (Year) (Hour) OF INJURY No injury m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

James B. Thomas, M.D. Dist. Med Examiner

Frederick, Md.

6/8/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF 6-10-1951

NAME OF CEMETERY OR CREMATORY St. Marks

LOCATION (City, town, or county) Potomac Maryland

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE Kathryn N. Brown

24. FUNERAL DIRECTOR

ADDRESS

June 9 - 51

O.H. Full & Co Brunswick Md.

VVV 506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 12 1951
BOSTON V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

05968

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY OR ^{in this place} 8 Days		CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS 2113 East Baltimore Street			
3. NAME OF DECEASED (Type or Print)		(First) WILLIAM		(Middle) STEPHEN		(Last) HAHN	
4. SEX Male		5. COLOR OR RACE White		6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		7. DATE OF BIRTH 13 Sept 1936	
8. DATE OF DEATH 6 7 19 51		9. AGE last birthday 14 yrs.		10. If under 1 year Months Days		11. If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward M. Hahn		14. MOTHER'S MAIDEN NAME Ruby Eileen Geesey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. R. Eileen Joy		18. 119 S. Schroeder St., Baltimore, Md.					
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Rheumatic conditis						weeks	
Antecedent cause(s) (b) Rheumatic heart disease						years	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 31 May, 1951, to 6 June, 1951, that I last saw the deceased alive on 5 June, 1951, and that death occurred at 7:05 A. m., from the causes and on the date stated above.							
SIGNATURE James B. Thomas		(Degree or title) M. D.		ADDRESS Frederick, Maryland		DATE SIGNED 8 June 1951	
23. BURIAL CREMATION BURIAL (Specify)		DATE THEREOF 11 June 1951		NAME OF CEMETERY OR CREMATORY Methodist Cemetery		LOCATION (City, town, or county) Lewistown, Maryland (State)	
DATE REC'D BY LOCAL REG. 11 June 1951		REGISTRAR'S SIGNATURE Elizabeth G. Hech		24. FUNERAL DIRECTOR M. R. Etchison & Son		ADDRESS Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

BUREAU V. S.

JUN 12 1951

RECEIVED

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Rural, in Walkersville</u> LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, in Walkersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
	<u>CARL</u>	<u>EDWARD</u>	<u>HARBAUGH</u>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	4. DATE OF DEATH (Month) (Day) (Year)
<u>m</u>	<u>W</u>		<u>June 14 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH	9. AGE last birthday
		<u>Aug. 27, 1949</u>	<u>1</u> yrs.
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
<u>Maryland</u>	<u>U.S.A</u>		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
<u>Bruce Hedges Harbaugh</u>	<u>Dorothy L. Roderick</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
		<u>Bruce H. Harbaugh</u>	

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Drowning</u>			<u>5 min</u>
Antecedent cause(s) (b) <u>929.8</u> <u>183</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <u>Farm</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>6 14 51</u> m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	<u>Near Walkersville</u>	<u>Frederick Md.</u>
		HOW DID INJURY OCCUR? <u>accidentally fell in stream.</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>DR. R. W. BAER</u>		DATE SIGNED <u>6.19.51</u>	
DEPUTY MEDICAL EXAMINER <u>P. W. Baer</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>6/17/1951</u>	<u>Glade</u>	<u>in Walkersville Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
<u>16 June 1951</u>	<u>Elizabeth S. Heck</u>	<u>J. C. Barton, Walkersville, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 20 1951
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05970

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Ft.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>NOAH</u> (Middle) (Last) <u>HASKINS</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 6-1901</u>
9. AGE last birthday <u>50</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Anna L. Scott, Brunswick Md</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Diabetic Coma</u>		<u>3 days</u>	
Antecedent cause(s) (b) <u>Diabetes or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
(c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 17 1951</u>		HOW DID INJURY OCCUR? <u>While at Work</u>	
22. I hereby certify that I attended the deceased from <u>6/16</u> , 19 <u>51</u> , to <u>6/17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/17</u> , 19 <u>51</u> , and that death occurred at <u>1:40 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Arthur F. Woodward, Jr. D.</u>		DATE SIGNED <u>6/17/51</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		NAME OF CEMETERY OR CREMATORY <u>Mountain</u>	
DATE RECEIVED BY LOCAL REG. <u>18 June 1951</u>		24. FUNERAL DIRECTOR <u>W. H. Tate & Co. Brunswick Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13-T

820105

RECEIVED
JUN 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05971

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lewistown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>M. Roy</u> (Middle) <u>W.</u> (Last) <u>Hessong</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>3</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 22, 1904</u>
9. AGE last birthday <u>47</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>Bessie M. Hessong</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>175-10-3555</u>	
17. INFORMANT AND ADDRESS <u>Mrs Roy Hessong Thurmont Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 days

Antecedent cause(s)

(b)

Melanotic Sarcoma (face mole)

2 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

None

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

Injury

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY None

INJURY OCCURRED While at ☐ Not While Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1957, to June 3, 1957, that I last saw the deceased

alive on June 3, 1957, and that death occurred at 3:30 p.m. from the causes and on the date stated above.

SIGNATURE

(Design or title)

ADDRESS

DATE SIGNED

A. A. Pearre M.D.

Frederick Md.

6/3/57

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial

June 6, 1957

Blue Ridge Cemetery

Thurmont, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

4 June 1957

Elizabeth G. Heide

M. S. Berger & Son Thurmont, Md.

290 698

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05972

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 421 North Market Street		STREET ADDRESS (If rural, give location) 421 North Market Street	
3. NAME OF DECEASED (Type or Print)	(First) ROSE (Middle) PAULINE (Last) HUDSON	4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	8. DATE OF BIRTH 17 Aug 1861
9. AGE last birthday 89 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Gottlieb Gunser		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Charles E. Hudson, 421 N. Market St., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

5 days

Antecedent cause(s)

(b)

Chronic nephritis**5 yrs.**

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1, 1951**, to **June 6, 1951**; that I last saw the deceasedalive on **June 5, 1951**, and that death occurred at **7:45 P.** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

P. W. Barr**M. D.****Frederick, Maryland****8 June 1951**

23. BURIAL, CREMATION, or other disposal (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

9 June, 1951**Elizabeth S. Hecker****M. R. Etchison & Son, Frederick, Maryland**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A14

RECEIVED
JUN 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05973

Reg. Dist. No. 147

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Rural--Harrisville		CITY (If outside corporate limits, write RURAL and give nearest town) Rural--Harrisville	
TOWN Rural--Harrisville		TOWN Rural--Harrisville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) R.D. Mt. Airy	
3. NAME OF DECEASED (First) DAVID (Middle) E. (Last) KLEIN		4. DATE OF DEATH (Month) JUNE (Day) 3 (Year) 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 10-5-1862
9. AGE last birthday 88 yrs.		10. If under 1 year 11. If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY Own farm	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME E. Frederick Klein		14. MOTHER'S MAIDEN NAME Mary J. Jacobs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)		16. SOCIAL SECURITY No. none	
17. INFORMANT AND ADDRESS Norman E. Klein, Mt. Airy, Md.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) General debility of old age, Heart failure		
Antecedent cause(s) (b) Chron. Endocarditis and Myocarditis		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 92d		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 74 3, 1951, to June 3, 1951, that I last saw the deceased alive on May 29, 1951, and that death occurred at 11:59 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

BURIAL 6-6-1951 Locust Grove Frederick Co., Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

June 5, 1951 6. L. A. Runkles C. M. Waltz, Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A.D.

100105

RECEIVED

JUN 6 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05974

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~104~~ 132

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>East-Middletown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Beaquestown - rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>CHARLES</u>	(Middle) <u>P. M.</u>	(Last) <u>KOLB</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>24</u>	(Year) <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 31, 1884</u>
9. AGE last birthday <u>66</u> yrs.	If under 1 year Months <u></u> Days <u></u>	If under 24 hrs Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>William S. Kolb</u>	14. MOTHER'S MAIDEN NAME <u>Mary Catherine Hankey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY No. <u>217-12-2315</u>	17. INFORMANT AND ADDRESS <u>Mrs. Ruth Kolb, Rocky Ridge, Md.</u>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) <u>Coronary occlusion</u> Antecedent cause(s) (b) <u></u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u></u>			<u>5 min</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Beaquestown</u>	(CITY OR TOWN) <u>East-Middletown</u>	(COUNTY) <u>Frederick</u> (STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) (Min.) <u>June 6, 2451 330 P.M.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u></u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>P. W. Bane</u>		DATE SIGNED <u>6-24-57</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 27, 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Beaquestown Cemetery</u>
LOCATION (City, town, or county) <u>Beaquestown, Md.</u>		(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>June 27 1957</u>	REGISTRAR'S SIGNATURE <u>Blanche L. Egan</u>	24. FUNERAL DIRECTOR <u>M. S. Creegan Son, Inc.</u>	ADDRESS <u>Thurmont, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05975

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 134

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Emmitsburg</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Beegstown - rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>JAMES</u> (First) <u>KENNETH</u> (Middle) <u>LONG</u> (Last)		4. DATE OF DEATH <u>June</u> (Month) <u>3</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 18, 1936</u>
9. AGE last birthday <u>15</u> yrs.		10. AGE last birthday If under 1 year Months Days If under 24 hours Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>School Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Franklin M. Long</u>		14. MOTHER'S MAIDEN NAME <u>Cassie J. Grable</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Franklin M. Long, Thurmont - Md. R.D.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

(a)

Antecedent cause(s) (b)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐ PLACE (Home, farm, factory, street, office, bldg, etc.) OF INJURY U.S. #15

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY JUNE 3 1951 2:45 AMINJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

Automobile accident

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles H. Conley, Jr. M.D. and Dep. Med Exam.Frederick, Md.6/3/51.

23. BURIAL, CREMATION REMOVAL (Specify)

DATE WHEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

June 6, 1951Beegstown CemeteryBeegstown, Md.Beegstown, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 5 - 1951M. F. ShuffM. S. Creeger & Son Thurmont - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
JUN 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

05976

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Burkettsville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY <u>17 years</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Fred.</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Burkettsville (South)</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Ella</u> (First) <u>Mae</u> (Middle) <u>Mann</u> (Last)		4. DATE OF DEATH 6 - 4 1951		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. <u>Married</u>		8. DATE OF BIRTH <u>12-16-1903</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		9. AGE last birthday <u>47</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>William H. Fauble</u>	
14. MOTHER'S MAIDEN NAME <u>Louisa M. Sullivan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Ruth C. Mann Burkettsville Md.</u>					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Carcinoma of UterusINTERVAL BETWEEN ONSET AND DEATH
3 yrs +

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/4, 1951, to 6/4, 1951, that I last saw the deceased alive on 6/4, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>None</u>	<u>6-8-1951</u>	<u>Union</u>	<u>Burkettsville Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>June 7-51</u>	<u>Kathryn H. Brown</u>	<u>C. A. Felt & Bus. Bureau</u>	<u>Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05977

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Fred.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>New Market</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>New Market</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Lola A. Montgomery</u> (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>B</u> <u>IX</u> 19 <u>51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>3-11-1886</u>
9a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>65</u> yrs.
10a. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>	
13. FATHER'S NAME <u>Samuel Montgomery</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Rev. Thomas Morgan New Market Md</u>			

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral hemorrhage</u>	<u>1 hour</u>
Antecedent cause(s) (b) <u>Arteria sclerosis</u>	<u>10 yrs.</u>
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1, 1951, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE Ernest P. Roop, M.D. ADDRESS New Market Md. DATE SIGNED 6-1-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6-4-51</u>	NAME OF CEMETERY OR CREMATORY <u>Bellevue</u>	LOCATION (City, town, or county) (State) <u>Baltimore</u>
DATE REC'D BY LOCAL REG. <u>June 2-1951</u>	REGISTRAR'S SIGNATURE <u>L. K. Falc</u>	24. FUNERAL DIRECTOR <u>C. H. Felt</u>	ADDRESS <u>414 Br. Brunswick Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05978

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> OR (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Walkersville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD.</u> COUNTY <u>Frederick</u> OR (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Walkersville</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Alice</u> (Middle) <u>F.</u> (Last) <u>Russ</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>30</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 8-1872</u>
9. AGE last birthday <u>79</u> yrs.		10. AGE last birthday (If under 1 year) Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Andrew Wachter</u>		14. MOTHER'S MAIDEN NAME <u>Cornelia A. Collett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT <u>John W. Wachter</u>		<u>Frederick MD</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Acute cardiac dilatation with pulmonary effusion</u>		<u>16 hrs</u>	
Antecedent cause(s) (b) <u> </u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Aortic stenosis</u>		<u>57 yrs +</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u> </u> PLACE (Home, farm, factory, street, OF office bldg., etc.) <u> </u> (CITY OR TOWN) <u> </u> (COUNTY) <u> </u> (STATE) <u> </u>			
TIME (Month) (Day) (Year) (Hour) OF INJURY <u> </u> INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR? <u> </u>	

22. I hereby certify that I attended the deceased from June 29, 1957, to June 30, 1957, that I last saw the deceased alive on June 29, 1957, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE B. D. Thomas ADDRESS Frederick, Md. DATE SIGNED July 2-57

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>July 3-57</u>	NAME OF CEMETERY OR CREMATORY <u>White Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Md.</u> (State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>2 July 1957</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>M. T. Creager</u>	ADDRESS <u>San Thurmont</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1961
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05979

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>MARY</u>	(Middle) <u>VIRGINIA</u>	(Last) <u>NUSZ</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 15, 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>John Gumber</u>		14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Harrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	17. INFORMANT AND ADDRESS <u>Mr. Emory G. Nusz, R. F. D. #5, Frederick, Md</u>

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Acute dilatation of heart</u>		<u>3 days</u>
Antecedent cause(s)	(b) <u>Chronic myocarditis</u>		<u>3 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1, 1951, to June 16, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 5:45 P.m. from the causes and on the date stated above.

SIGNATURE Wm M. Smith (Degree or title) ADDRESS Frederick, Md DATE SIGNED 6-18-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>June 18, 1951</u>	<u>Mount Olivet Cemetery</u>	<u>Frederick, Maryland</u>
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>18 June 1951</u>	<u>Elizabeth G. Hersh</u>	<u>C. E. Cline & Son</u>	<u>Frederick, Maryland</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JUN 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05980

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH- COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland		COUNTY Frederick	
OR (If outside corporate limits, write RURAL and give nearest town) TOWN Braddock Heights		LENGTH OF STAY (in this place) 36 years		OR (If outside corporate limits, write RURAL and give nearest town) TOWN Braddock Heights		STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (Type or Print)		(First) LUCILLE	(Middle) STEWART	(Last) OBERLANDER	4. DATE OF DEATH (Month) (Day) (Year) June 21 1951		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify) Married		8. DATE OF BIRTH March 10, 1867	9. AGE last birthday 84 yrs.	If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William T. Glessner		14. MOTHER'S MAIDEN NAME Mary J. Dadismon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			
16. SOCIAL SECURITY No. None		17. INFORMANT AND ADDRESS Mr. William C. Oberlander, Braddock Heights, Md.					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <i>Uremia</i>	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <i>Chronic parenchymatous nephritis</i>	5 yrs +
	(c) <i>Angina</i>	10 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept. 10, 1950*, to *June 21, 1951*, that I last saw the deceased alive on *June 20, 1951*, and that death occurred at *1:00 A.M.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 23, 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Elizabeth G. Hech</i>	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05981

Reg. Dist. No. 132

1. PLACE OF DEATH- COUNTY FREDERICK MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY WASHINGTON	
CITY (If outside corporate limits, write RURAL and give nearest town) MIDDLETOWN		CITY (If outside corporate limits, write RURAL and give nearest town) ZITTLESTOWN (RURAL)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS ON STREET.		STREET ADDRESS (If rural, give location) BOONSBORO ROUTE 2	
3. NAME OF DECEASED (Type or Print)	(First) DEVINIS	(Middle) LEE	(Last) POFFENBERGER
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH OCT. 25-1944
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY AT SCHOOL	9. AGE last birthday 6-7-21 yrs. 1951
11. BIRTHPLACE (State or foreign country) ZITTLESTOWN WASH. CO. MD		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILBUR DOFFENBERGER		14. MOTHER'S MAIDEN NAME LOVA ZITTLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT WILBUR DOFFENBERGER		BOONSBORO MD	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) *Open fracture of skull*
 Antecedent cause(s) (b) *Hemorrhage and shock*
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **none** 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) Highway	(CITY OR TOWN) Zittlestown	(COUNTY) Wash.	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY June 16 1951 P.m.	INJURY OCCURRED While at work <input type="checkbox"/> Nat while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Ran across road in front of automobile		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title) **DEPUTY MEDICAL EXAM.**

ADDRESS

DATE SIGNED

S. Robert Wells, M.D. **WASH. CO., MD.** **Hagerstown, Md. 6/15/51**

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF JUNE-19-1951	NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY	LOCATION (City, town, or county) BOONSBORO WASH. CO. MD.	(State)
DATE REC'D BY LOCAL REG. June 17-51	REGISTRAR'S SIGNATURE Mari Gladhill	24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT5A

T

BUREAU Y. S.

RECEIVED
JUN 23 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

05982

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH - COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <i>Maryland</i> COUNTY <i>Carroll</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Chesow Bridge</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick Memorial Hosp.</i>		STREET ADDRESS (If rural, give location) <i>Bural</i>	
3. NAME OF DECEASED (Type or Print) (First) <i>MELLIE</i> (Middle) <i>E.</i> (Last) <i>REED</i>		4. DATE OF DEATH (Month) <i>June</i> (Day) <i>18</i> (Year) <i>1951</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 1 - 1876</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE last birthday <i>75</i> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Brooks Akers</i>		14. MOTHER'S MAIDEN NAME <i>Boehd</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <i>none</i>	
17. INFORMANT AND ADDRESS <i>Bonnie M. Reed, Chesow Bridge, Md.</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Cardiac Collapse due to return of old changes</i>			
Antecedent cause(s) (b) <i>arteriosclerosis of heart</i>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>arteriosclerosis of heart</i>			
11. OTHER SIGNIFICANT CONDITIONS (in vessels of heart) Conditions contributing to the death but not related to the disease or condition causing death. <i>(7-11-51 - ams)</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 5, 1951</i> to <i>June 18, 1951</i> , that I last saw the deceased alive on <i>June 18, 1951</i> , and that death occurred at <i>11:00</i> m., from the causes and on the date stated above.			
SIGNATURE <i>J. A. Wash. M.D.</i>		DATE SIGNED <i>June 19, 1951</i>	
23. REMOVAL (Specify) <i>Chesow Bridge, Md.</i>		NAME OF CEMETERY OR CREMATORY <i>South Greenbury Road, Chesow Bridge, Md.</i>	
DATE REC'D BY LOCAL REG. <i>19 June 1951</i>		24. FUNERAL DIRECTOR <i>Chesow Bridge, Md.</i>	

RECEIVED
JUN 25 1961
BUREAU W.S.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05983

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>209 E. 7th St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Amie</u> (First) <u>Rathenhoefer</u> (Last)		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-17-1869</u>
9. AGE last birthday <u>81</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Adam Kohlenburg</u>		14. MOTHER'S MAIDEN NAME <u>Mary E. Higgins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Pauline Koontz 209 E. 7th St. Frederick - Md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary edema</u>			<u>10 da</u>
Antecedent cause(s) (b) <u>fracture hip</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 8</u> m.		INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>6/18</u> , 19 <u>51</u> , to <u>6/16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 16</u> , 19 <u>51</u> , and that death occurred at <u>9</u> a.m., from the causes and on the date stated above.			
SIGNATURE <u>E.P. Thomas</u>		ADDRESS <u>Frederick - Md.</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6-18-1951</u>	
NAME OF CEMETERY OR CREMATORY <u>mt. Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick - Md.</u>	
DATE REC'D BY LOCAL REG. <u>18 June 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	
24. FUNERAL DIRECTOR <u>C. E. Cline & Son</u>		ADDRESS <u>Frederick - Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 18 1961
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05984

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Le Gore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Le Gore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>GEORGE</u>	<u>WASHINGTON</u>	<u>SICKLE</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 6, 1866</u>
			9. AGE last birthday <u>85</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stone Quarry</u>	
11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles W. Sickle</u>		14. MOTHER'S MAIDEN NAME <u>Mary Wagner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No.	
17. INFORMANT <u>Mrs. Geo. W. Sickle</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic myocardial failure

INTERVAL BETWEEN ONSET AND DEATH

2 wks

Antecedent cause(s)

(b) Arteriosclerotic Cardiovascular Disease10 years

(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1951, to June 20, 1951, that I last saw the deceasedalive on June 20, 1951, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

970236

RECEIVED

JUL 5 1951

BUREAU A. B.

RECEIVED

JUL 5 1951

BUREAU A. B.

RECEIVED
JUL 5 1951
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05985

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u> LENGTH OF STAY (in this place) <u>1 year</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Scinden Halls</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Middletown</u> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <u>Emory</u> (Middle) <u>F.</u> (Last) <u>Slifer</u>	4. DATE OF DEATH (Month) <u>6</u> (Day) <u>11</u> (Year) <u>1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12/22/1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm owner, ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	9. AGE last birthday <u>71</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Middletown, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Slifer</u>		14. MOTHER'S MAIDEN NAME <u>Etta Mullendore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT <u>Mrs. Lola Slifer, Middletown, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Carcinoma of Prostate</u>		<u>8 mo</u>
Antecedent cause(s) (b) <u>with metastasis to Vertebral liver.</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>51b</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>Nov 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma prostate</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to June 11, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE <u>J E Harp M.D.</u>	(Degree or title)	ADDRESS <u>Middletown</u>	DATE SIGNED <u>6-12-51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE <u>6/13/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	LOCATION (City, town, or county) (State) <u>Middletown, Md.</u>
DATE REC'D BY LOCAL REG. <u>13 June 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	24. FUNERAL DIRECTOR <u>Gladhill Co.</u>	ADDRESS <u>Middletown, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05986

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) FRANCIS	(Last) SMITH, SR.
4. DATE OF DEATH	(Month) 6	(Day) 11	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9 May 1872
9. AGE last birthday 79 yrs.		10. If under 1 year Months Days If under 24 hrs. Hours Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Francis F. Smith		14. MOTHER'S MAIDEN NAME Mollie Lee Palmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. C. F. Smith, Sr., Libertytown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

6 days

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

Asteroic sclerosis**6 years**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 4, 1951**, to **June 11, 1951**, that I last saw the deceasedalive on **June 10, 1951**, and that death occurred at **3 A** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W. M. Smith**M. D. Frederick, Maryland****12 June 1951**

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial**13 June 1951****St. Peters Cemetery****Libertytown, Maryland**

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 13, 1951**Charles...****M. R. Etchison & Son, Frederick, Maryland**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AJS

100105

RECEIVED
JUN 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05987

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> STATE <u>MARYLAND</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY <u>Frederick</u> STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Braddock</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Braddock</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>ELDRED</u>	(Middle) <u>DORSEY</u>	(Last) <u>SMITH</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 2, 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>John Smith</u>		14. MOTHER'S MAIDEN NAME <u>Emma Trayer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mr. Howard B. Smith, R.F.D.#5, Frederick, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

15 minutes

Antecedent cause(s)

(b)

Arterio Sclerosis

10 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1957, to Jan 8, 1957, that I last saw the deceased alive on Jan 8, 1957, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 1957

Elizabeth G. Heck.

C. E. Cline & Son, Frederick, Maryland

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 12 1961
BUREAU VI 3

MARYLAND STATE DEPARTMENT OF HEALTH

05988

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Libertytown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Libertytown</u>	
TOWN <u>Libertytown</u>		TOWN <u>Libertytown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Main St</u>		STREET ADDRESS (If rural, give location) <u>Main St</u>	
3. NAME OF DECEASED (Type or Print) <u>KATE CARTER SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>4/24/1869</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE last birthday <u>82</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Henry Carter</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Nicodemus</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>md</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Maxine Sappington - Libertytown</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute gall bladder

Antecedent cause(s)

(b) Chronic Myocarditis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 22, 1951, to June 22, 1951, that I last saw the deceasedalive on June 22, 1951, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6/24/51</u>	<u>Bairmount</u>	<u>Libertytown</u>	<u>md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>June 24-51</u>	<u>[Signature]</u>	<u>Powell & Hartzler</u> <u>Libertytown & Woodbury, Md</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUL 19 1951
BUREAU K. C.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05989

Reg. Dist. No. 134

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Emmitsburg-Rural		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Emmitsburg		STREET ADDRESS (If rural give location) 103 West 13th Street	
3. NAME OF DECEASED (Type or Print) ROBERT (First)	BROWN (Middle)	STALEY (Last)	4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 23 Feb 1934
9. AGE last birthday 17 yrs.		10. BIRTHPLACE (State or foreign country) Maryland	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Paul Staley		14. MOTHER'S MAIDEN NAME Letitia Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	
17. INFORMANT Charles P. Staley			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Surgical Shock

INTERVAL BETWEEN ONSET AND DEATH

Instant

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Compound fract. tibia + fibula, rt.; fracture tibia + fibula, left

Instant

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH

PLACE (Home, farm, factory, street, OF office bldg, etc.) **U.S. #15**

(CITY OR TOWN) **Emmitsburg**

(COUNTY) **Frederick**

(STATE) **Md.**

TIME (Month) (Day) (Year) (Hour) OF INJURY **6/3/51 2:45 m.**

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

Automobile accident

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles H. Bailey, Jr. M.D. Asst. Dir. Md. Exam. Frederick, Md.

6/3/51

23. BURIAL, CREMATION OR REMOVAL (Specify)

DATE **6 June 1951**

NAME OF CEMETERY OR CREMATORY **Mount Olivet Cemetery**

LOCATION (City, town, or county) **Frederick, Maryland**

(State)

DATE REC'D BY LOCAL REG **4 June 1951**

REGISTRAR'S SIGNATURE **M. F. Shuff**

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

MAY 7 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05990

131

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Virginia</u> COUNTY <u>Loudoun</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lovettsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print) <u>Hattie</u> (First) <u>L.</u> (Middle) <u>Stone</u> (Last)		4. DATE OF DEATH <u>June 26</u> 19 <u>51</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. <u>SINGLE</u> , MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 27, 1883</u> 67 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Samuel Painter</u>		14. MOTHER'S MAIDEN NAME <u>Laura Kent</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Mr. John Stone - Lovettsville, Va.</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Myocardial Insufficiency</u>			<u>1 week</u>
Antecedent cause(s) (b) <u>Intermittent Heart Disease</u>			
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>6/23, 1951</u> , to <u>6/26, 1951</u> , that I last saw the deceased alive on <u>6/26, 1951</u> , and that death occurred at <u>7:50 A.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>G. A. Pearce M.D.</u>		ADDRESS <u>Frederick, Md.</u> DATE SIGNED <u>6/26/51</u>	
23. BURIAL, CREMATION OR OTHER DISPOSAL (Specify) <u>Burial</u>		DATE THEREOF <u>29 June 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u> LOCATION (City, town, or county) (State) <u>Nr. Lovettsville, Virginia</u>
DATE REC'D BY LOCAL REG. <u>27 June 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Hecker</u>	24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u> ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1964
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05991

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick, Md. Rural</u> LENGTH OF STAY (in this place) <u>3 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		STREET ADDRESS (If rural, give location) <u>4th St. Ext. 26W. South St.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>James</u> (Middle) <u>Ord</u> (Last) <u>Stroup</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>14</u> (Year) <u>1951</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>May 23, 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundry Man - Francis Scott Key Hotel</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Penn.</u>
13. FATHER'S NAME <u>George Washington Stroup</u>		14. MOTHER'S MAIDEN NAME <u>Kate Spangler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>219-14-9995</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Leroy Harrison, Frederick, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Immediate cause (a) <u>Carcinoma of Lung</u>			
163X Antecedent cause(s) (b) <u>47d</u>			
Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 15, 1951</u> , to <u>June 14, 1951</u> , that I last saw the deceased alive on <u>June 14, 1951</u> , and that death occurred at <u>8:58 a.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Bernard Hunsay, M.D.</u>		DATE SIGNED <u>June 14, 1951</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE <u>June 16-1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Paul's Lutheran</u>	LOCATION (City, town, or county) (State) <u>Myersville - Frederick, Md.</u>
DATE REC'D BY LOCAL REG. <u>16 June 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	24. FUNERAL DIRECTOR <u>Paul F. Biele, Myersville, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

643836

BUREAU V. S.

JUN 18 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05992

Reg. Dist. No. 145

1. PLACE OF DEATH COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Frederick</i> COUNTY <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Rural Near Smithsburg all his life</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Near Smithsburg md</i>	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>none</i>		STREET ADDRESS (If rural give location) <i>Rural Near Smithsburg</i>	
3. NAME OF DECEASED (First) <i>Cumblers</i>	(Middle) <i>none</i>	(Last) <i>Tracy</i>	4. DATE OF DEATH (Month) <i>June</i> (Day) <i>10</i> (Year) <i>1951</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>widower</i>	8. DATE OF BIRTH <i>June 10 - 1860</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>owner Farmer all his life</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer all his life</i>	
13. FATHER'S NAME <i>Peter Tracy</i>		12. CITIZEN OF WHAT COUNTRY? <i>Fred. Leo md</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY No. <i>none</i>	
(If year, give war or dates of service) <i>no</i>		17. INFORMANT <i>George Tracy</i>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Acute Coronary Occlusion</i>			<i>2 hrs.</i>
Antecedent cause (s) <i>420.1</i>		(b) <i>Generalized arterio sclerosis</i>	<i>at least - 6 yrs.</i>
Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last (c) <i>94a</i>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) <i>SUICIDE</i>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov -*, 1949, to *June 10 1951*, that I last saw the deceased alive on *Dec. 12, 1949*, and that death occurred at *5 P.* m. from the causes and on the date stated above.

SIGNATURE <i>Walter H. Wishard M.D.</i>	(Degree or title)	ADDRESS <i>152 W. Main Waynesboro Pa</i>	DATE SIGNED <i>6-10-51</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>June 15 1951</i>	NAME OF CEMETERY OR CREMATORY <i>Bethel</i>	LOCATION (City, town, or county) (State) <i>Near Bethel Fred. Leo md</i>
DATE REC'D BY LOCAL REG. <i>6/11/51</i>	REGISTRAR'S SIGNATURE <i>Edgar Bethel</i>	24. FUNERAL DIRECTOR <i>George B. Hoover Smithsburg</i>	ADDRESS <i>100105 md</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05993

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY ---	
CITY (If outside corporate limits, write RURAL and give nearest town) From 12-21-40 TOWN Baltimore		CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium		STREET ADDRESS (If rural, give location) 2229 Bank Street	
3. NAME OF DECEASED (Type or Print) Stanislaus Ulanowicz		4. DATE OF DEATH (Month) June (Day) 29 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 8, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 64 yrs.
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Jacob Ulanowicz		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Patient			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) **Pulmonary Tuberculosis**

INTERVAL BETWEEN ONSET AND DEATH
About 11 yrs.

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 21, 1940**, to **June 29, 1951**, that I last saw the deceased

alive on **June 29, 1951**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

State Sanatorium, Md.

6-30-51

23. BURIAL, CREMATION REMOVAL (Specify)

Burial

DATE THEREOF

July 2, 1951

NAME OF CEMETERY OR CREMATORY

Sacred Heart of Mary

LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE REC'D BY LOCAL REG. **6-30-51**

REGISTRAR'S SIGNATURE

[Signature]

24. FUNERAL DIRECTOR

Fred W. Ozazewski

ADDRESS

1930 Eastern Ave., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED

JUL 1 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05994

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Mr. Ellsworth Curtis Valentine</u>	(First) (Middle) (Last)	4. DATE OF DEATH <u>June 6 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/23/82</u>
9. AGE last birthday <u>68</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Roads</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Eliss & Valentine</u>		14. MOTHER'S MAIDEN NAME <u>Maria Wetzel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Ethel Wood Emmetsburg MD</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Carcinoma of lungs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1951, to June 6, 1951, that I last saw the deceased alive on June 6, 1951, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 9-51
Elizabeth S. Heck
June 1951

Frederick Md
Rocky Ridge Md
San Churmont

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

290 246

RECEIVED

JUN 12 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05995

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick Middletown-Rural RD#2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) Near Braddock Heights	
3. NAME OF DECEASED (Type or Print)	(First) ELMER (Middle) ELSWORTH (Last) WATERMAN	4. DATE OF DEATH	(Month) 6 (Day) 27 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Unknown
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	9. AGE last birthday 68 ? yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Curtis L. Waterman		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Lillian B. Abrecht, Middletown, Md.		R. D. #2,	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

Arterio-sclerotic heart disease with decompensation

Gastric ulcer

INTERVAL BETWEEN ONSET AND DEATH

2 wks.

6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 11, 1951, to June 27, 1951, that I last saw the deceased alive on June 27, 1951, and that death occurred at 11:10 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	29 June 1951	St. Marks Cemetery	Petersville, Maryland	

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
29 June 1951	Elizabeth G. Hack	M. R. Etchison & Son,	Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05996

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Fred.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>11 West C St</u>		STREET ADDRESS (If rural, give location) <u>11 West C Street</u>	
3. NAME OF DECEASED (First) <u>Elizabeth</u> (Middle) <u>Prudence</u> (Last) <u>Watts</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>single</u>	8. DATE OF BIRTH <u>7-4-1870</u>
9. AGE last birthday <u>80</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
13. FATHER'S NAME <u>George T. Watts</u>		14. MOTHER'S MAIDEN NAME <u>May Elizabeth Keller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. B. R. Shaw Brunswick Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 days

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1951, to 6/17, 1951, that I last saw the deceased

alive on 6/17, 1951, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 20-51

Kathryn N. Brown

B. N. Feiler & Son

Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN - 25 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05997

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 138 East Street		STREET ADDRESS (If rural, give location) 138 East Street	
3. NAME OF DECEASED (Type or Print)	(First) JOANNE	(Middle) VICTORIA	(Last) WEEDON
4. DATE OF DEATH	(Month) 6	(Day) 12	(Year) 1951
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 20 April 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 1 yrs. 1 month 22 days
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Albert J. Weedon, Sr.		14. MOTHER'S MAIDEN NAME Lola Jefferson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS 138 East St., Albert J. Weedon, Sr., Frederick, Md.			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pneumonia		5 days.
493X Antecedent cause(s) (b) Coryza		2 wks.
109. Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) (Minute) June 6-12-51 130A m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE **P. W. Baer** (Degree or title) **Deputy Medical Examiner, Frederick, Md.** ADDRESS **12 June 1951** DATE SIGNED

23. BURIAL, CREMATION, or other (Specify) Burial	DATE THEREOF 14 June 1951	NAME OF CEMETERY OR CREMATORY Fairview Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 12 June 1951	REGISTRAR'S SIGNATURE Elizabeth S. Hecks.	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

204301204 365

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 14 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05998

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1014 North Market Street		STREET ADDRESS (If rural, give location) 1014 North Market Street	
3. NAME OF DECEASED (Type or Print)	(First) HATTIE	(Middle) ESTELLE	(Last) ZIMMERMAN
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 13 Nov 1866
9. AGE last birthday 84 yrs.		4. DATE OF DEATH (Month) (Day) (Year) 6 16 19 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY House-work	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John N. Stockman		14. MOTHER'S MAIDEN NAME Amanda Biser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Floyd E. Zimmerman, 702 Trail Ave., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4-1, 1949, to 6-18, 1951, that I last saw the deceased alive on 6-15, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial	DATE THEREOF 19 June 1951	NAME OF CEMETERY OR CREMATORY Reformed Cemetery	LOCATION (City, town, or county) Jefferson, Maryland	(State)
---	-------------------------------------	---	--	---------

DATE REC'D BY LOCAL REG. 18 June 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
---	---	--	---------

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 21 1951
BUREAU V. S.